



Mail completed form to:
DOH IDRH
PO Box 47838
Olympia, WA 98504-7838

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster
Name: _____

DOH Outbreak # _____

Hepatitis B and C, chronic

County _____

By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

REPORT SOURCE

LHJ notification date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

HEPATITIS VIRUS TYPE (Concurrent infection with both hepatitis B and C must be reported on *two separate forms*)

☐ Hepatitis B infection ☐ Hepatitis C infection

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Unk
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other ☐ Unk

CLINICAL INFORMATION

Diagnosis date: ____/____/____ Illness duration: _____ days

Clinical

Y N DK NA

☐ ☐ ☐ ☐ Onset date of acute illness known
(Mo/yr) ____/____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Received any doses of hepatitis A vaccine
Number of doses of HAV vaccine in past: _____
☐ ☐ ☐ ☐ Received any doses of hepatitis B vaccine
Number of doses of HBV vaccine in past: _____

Laboratory

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ Hepatitis A IgM anti-HAV (mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **Hepatitis B core antigen IgM (anti-HBc)**
(mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **Initial HBsAg** (mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **Most recent HBsAg** (mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **HBV DNA PCR qualitative** (mo/yr) ____/____
Value: _____ (quantitative)

☐ ☐ ☐ ☐ ☐ **Repeatedly reactive anti-HCV screen (EIA)**
(mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **Anti-HCV screen (EIA) with signal to cut-off
ratio > lab reference value** (mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **HCV RIBA (recombinant immunoblot assay)**
(mo/yr) ____/____

☐ ☐ ☐ ☐ ☐ **HCV RNA quantitative** (mo/yr) ____/____
Value: _____/mL ☐ I.U. ☐ RNA copies

☐ ☐ ☐ ☐ ☐ **HCV qualitative or HCV genotyping** (m/y) ____/____
Results: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ Other: _____ ☐ Unk

Liver Function tests

P N I O NT

☐ ☐ ☐ ☐ ☐ Serum aminotransferase (SGOT [AST] or SGPT [ALT]) elevated above normal
ALT (SGPT) Actual value: _____
AST (SGOT) Actual value: _____

**Consider investigating for acute infection if
either value is >7 times normal**

EXPOSURE (lifetime)**Y N DK NA**

- ☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis B case
☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis C case
☐ ☐ ☐ ☐ Any type of sexual contact with others
 ☐ Same sex
 ☐ Opposite sex
☐ ☐ ☐ ☐ Sexual partner HBV positive
☐ ☐ ☐ ☐ Sexual partner HCV positive
☐ ☐ ☐ ☐ Birth mother HBsAg positive
☐ ☐ ☐ ☐ Birth mother has history of hepatitis B infection
☐ ☐ ☐ ☐ Birth mother has history of hepatitis C infection
☐ ☐ ☐ ☐ Factor concentrates before 1987
☐ ☐ ☐ ☐ Blood products or solid organ transplant before 1992

Y N DK NA

- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient, date: __/__/__
☐ ☐ ☐ ☐ Employed in job with potential for exposure to human blood or body fluids
☐ ☐ ☐ ☐ History of occupational needle stick or splash
☐ ☐ ☐ ☐ Non-injection street drug use
 Shared equipment non-IDU ☐ **Y** ☐ **N** ☐ **DK** ☐ **NA**
☐ ☐ ☐ ☐ Injection street drug use, type: _____
☐ ☐ ☐ ☐ Born outside US
 Specify country: _____
☐ ☐ ☐ ☐ Household or sexual contact from endemic country
 Specify country: _____
☐ ☐ ☐ ☐ History tattooing
☐ ☐ ☐ ☐ Chronic hemodialysis
☐ ☐ ☐ ☐ History of incarceration

☐ **Patient could not be interviewed**☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk**PUBLIC HEALTH ISSUES****Y N DK NA**

- ☐ ☐ ☐ ☐ Employed as health care worker
☐ ☐ ☐ ☐ Did case donate blood products organs or tissue (including ova or semen)

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
☐ Prophylaxis of appropriate contacts recommended
 Number recommended prophylaxis: _____
☐ Vaccination of appropriate contacts recommended
 Number recommended vaccination: _____
☐ Recommend Hepatitis A vaccination
☐ Recommend Hepatitis B vaccination
☐ Mom counseled about pregnancy risks
☐ Counseling on measures to avoid transmission
☐ Counseling on avoidance of liver toxins (e.g., alcohol)
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date __/__/__

Local health jurisdiction _____ Record complete date __/__/__